

CHILD CARE FACILITY IMPROVEMENT GRANT INVOICE

SEND TO: DSS/Children's Division Early Childhood & Prevention Services Section ATTN: Toni Sutherland P. O. Box 88, Jefferson City, MO 65102 Fax: 573-526-9586 Toni.Sutherland@dss.mo.gov	Invoice #:		Indicate the month for which you are requesting reimbursement.		
	Contract #:		<input type="checkbox"/> JUL	<input type="checkbox"/> AUG	<input type="checkbox"/> SEP
	Amendment #:		<input type="checkbox"/> OCT	<input type="checkbox"/> NOV	<input type="checkbox"/> DEC
	Program Year:		<input type="checkbox"/> JAN	<input type="checkbox"/> FEB	<input type="checkbox"/> MAR
			<input type="checkbox"/> APR	<input type="checkbox"/> MAY	<input type="checkbox"/> JUN
Vendor #:					

Contractor Name (as it appears on your contract):

Contractor Address (as it appears on your contract):

MO Vendor Address (as indicated on Vendor Input form MO300-1489N, if different than Contractor Address shown above):

Contact Person:

Phone #:

E-Mail Address:

	A	B	C	D	E	F
BUDGET CATEGORY	Budget Amount (from your contract)	Previous Reimbursement Requests YTD	Current Reimbursement Request (per attached)	Total Reimbursement Requests YTD (B + C)	Total Returns YTD	Funds Remaining (A - D + E)
Minor Remodeling (per attached receipts)						
Materials, Supplies, and Equipment (per attached Receipts)						
TOTALS						

PRINT NAME AND TITLE:	TOTAL AMOUNT REQUESTED
SIGNATURE:	
DATE:	

List receipts on the next page of the invoice and submit it and readable copies of the receipts with your invoice. If this documentation is not provided with the invoice, this invoice will not be paid until it is received.

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List all receipts you are submitting for reimbursement on this invoice. Each receipt must relate to the items and/or services specified and awarded in your Child Care Facility Improvement grant application. Each receipt will be reviewed to ensure that it is within the scope of the funding. You will be contacted if there are any questions regarding any of the expenditures. You may insert more lines if needed.

BUDGET CATEGORY	Contractor Name:		Contract #:
Minor Remodeling	DATE OF PURCHASE	VENDOR OR SUPPLIER	RECEIPT TOTAL
Receipt 1			
Receipt 2			
Receipt 3			
Receipt 4			
Receipt 5			
Receipt 6			
Receipt 7			
Receipt 8			
Receipt 9			
Receipt 10			
Receipt 11			
Receipt 12			
Receipt 13			
Receipt 14			
Receipt 15			
Receipt 16			
Receipt 17			
Receipt 18			
Receipt 19			
Receipt 20			
Receipt 21			
Receipt 22			
Receipt 23			
Receipt 24			
Receipt 25			
Receipt 26			
Receipt 27			
Receipt 28			
Receipt 29			
Receipt 30			
Receipt 31			
Receipt 32			
Receipt 33			
Receipt 34			
Receipt 35			
Receipt 36			
Receipt 37			
Receipt 38			
Receipt 39			
Receipt 40			
MINOR REMODELING SUBTOTAL			

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BUDGET CATEGORY	Contractor Name:		Contract #:
Materials, Supplies & Equipment	DATE OF PURCHASE	VENDOR OR SUPPLIER	RECEIPT TOTAL
Receipt 1			
Receipt 2			
Receipt 3			
Receipt 4			
Receipt 5			
Receipt 6			
Receipt 7			
Receipt 8			
Receipt 9			
Receipt 10			
Receipt 11			
Receipt 12			
Receipt 13			
Receipt 14			
Receipt 15			
Receipt 16			
Receipt 17			
Receipt 18			
Receipt 19			
Receipt 20			
Receipt 21			
Receipt 22			
Receipt 23			
Receipt 24			
Receipt 25			
Receipt 26			
Receipt 27			
Receipt 28			
Receipt 29			
Receipt 30			
MATERIALS, SUPPLIES & EQUIPMENT SUBTOTAL			
CURRENT REIMBURSEMENT REQUEST			
Returns	DATE OF RETURN	VENDOR OR SUPPLIER	REFUND TOTAL
Receipt 1			
Receipt 2			
Receipt 3			
Receipt 4			
Receipt 5			
Receipt 6			
Receipt 7			
Receipt 8			
Receipt 9			
Receipt 10			
RETURNS SUBTOTAL			

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